								Application or Docket Number					
	PATENT	APPLICATIO Effect	N FEE DI ive Januar			ON RECC	RD	6	19/9	7/	099	<b>)</b>	
CLAIMS AS FILED - PART I								SMALL EI	NTITY		OTHER	THAN	
			(Column 1)		(Column 2)			TYPE		OR	SMALL		
TOTAL CLAIMS								RATE	FEE	]	RATE	FEE	
FOR			NUMBER FILED		NUMB	ER EXTRA		BASIC FEE	#395	OR	BASIC FEE	\$ 790	
TOTAL CHARGEABLE CLAIMS			minus 20=		*			X\$25≡	141	OR	X\$ <i>57</i> =		
INDEPENDENT CLAIMS			minus 3 =		*			YOF	·	OR	×200		
М	ULTIPLE DEPEN	IDENT CLAIM PI	RESENT						· · · · · · · · · · · · · · · · · · ·				
*	f the difference	in column 1 is	less than ze	ro, enter	"0" in c	olumn 2		+/86		OR	+360=		
		LAIMS AS A						TOTAL		OR		<u> </u>	
		(Column 1)	MENDED	(Colur		(Column 3)		SMALL	ENTITY	OR	OTHER SMALL		
A		CLAIMS REMAINING		HIGH NUMI		PRESENT			ADDI-			ADDI-	
ENT		AFTER AMENDMENT		PREVIC PAID		EXTRA		RATE	TIONAL FEE	i.	RATE	TIONAI FEE	
AMENDMENT	Total	*	Minus	.**				× <b>50</b> =		OR	X\$ <b>18</b> =		
AME	Independent	*	Minus	***				760 X <del>42</del> =		ОR	×840		
L	FIRST PRESE	NTATION OF MU	JLTIPLE DEF	PENDENT	CLAIM			180			360		
								TOTAL		OR	TOTAL	1000	
		(Column 1)		(Colur	ກຄ້າວ	(Column 3)		ADDIT FEE		OR	ADDIT: FEE		
8		CLAIMS REMAINING		HIGH	EST	PRESENT			ADDI-			ADDI-	
DMENT		AFTER- AMENDMENT		7 PREVIO	DUSLY	EXTRA		PATE	TIONAL FEE		RATE	TIONAL FEE	
DMC	Total:		Minus	**				2 <b>5</b> XS <b>p</b>		,	\ <b>23</b> .		
AMEN	Independent		Minus	***			7 m	112			<b>200</b> 44≣		
A	EIRST PRESENTATION OF MULTIPLE DEPENDENT, CLAIMS									OH.	340		
								44		OP.			
			e14 = 7 · ·			tar i jesti		NE TOTALI ADDITUTEE		OR	TOTAL ADDIT FEE	1	
diam'r		(Column 1) =		(Colur		(Column 3)							
C		REMAINING: AFTER		NUMI PREVIC	JEA 💮	PRESENT		RATE	ADDI. TIONAL		BATE	ADDI: TIONAL	
MEN		AMENDMENT.		PAID	FOR	EXTRA			FEE			FEE	
ON	Total v	: 33	Minus	H25(	ن ۾			X8 <b>%</b> =		OR	× 400 400		
AMENDMENT C	Independent	• 4	Minús	3		ž / i.i.		\ <b>12</b> 0		ØŖ	200 X		
100	Irinsi Prese	NTĂTIƠN OF MU	UE NELE DES	ENDENT	CLAIM			180		i de	360		
	If the entry in colur	nn 1 is less thần th	e entry in colu	nn 2, write	"O" in sol	uma 3		7.4. <del>1.40</del> ≘ TOFAL		OF:			
**	If the "Highest Nur "If the "Highest Nu	mber Previously Pa	ald For" IN THIS	SPACE	s less thai	n 3, enter 3 1	: 11 f	VDDIT FEE		OR	ADDIT FEE		
•	The "Highest Num	iber Previously Pai	d For" (Total or	Independe	ent) is the	highest numb	er fou	ind in the app	ropriate box	(in col	ümn 1.	eren dati et an	